



Date: 1/19/17	OFFICE USE ONLY			
	Date Rec'd: Check No:			
Operator Project No: W6365	Postmark Date: Paid By:			
1	Notification No: Amount: \$			
Type of Notification:	_			
Original 🗵 R	evision (Highlight Changes) Cancellation			
Type of Operation:				
Demolition □ Ordered Demolition □	Renovation Emergency Renovation □			
Facility Owner: Name: Wheeling Jesuit University Address: 316 Washington Ave City: Wheeling State: W\ Contact Person: George Stefanow	Zip Code: 26003 Phone: (304) 281-0525			
Facility Description: Name: Wheeling Jesuit University Steenroe Address: 1350 Steenrod Ave County: Ohio Building Size (Sq. Ft.): 2100 Present Use: Apartments	d Apartments City: Wheeling Location Within Facility: Front Area Number of Floors: 3 Age (Yrs): 30+ Prior Use: School			
Asbestos Contractor: Name: N.F. Mansuetto and Sons, Inc Address: 116 Wood Street City: Martins Ferry State: OH Contact Person: Eugene Ochap	Asbestos Contractor License #: AC002418 Zip Code: 43935 Phone: 740-633-7320			
Other Contractor: Name: Address: City: State: Contact Person:	Contractor's License #: Zip Code: Phone:			
Building Inspection: Inspection Date: 10/1/2016 Asbestos Inspection By: Eugene Ochap Lab: RJ Lee Group Inc WV License #: Al008661 Analysis By: Elizabeth Brown				
Procedure Used to Detect Presence of Is Asbestos Present at 1% or Greater: Project Designer: Matthew Mansuetto Air Monitor:	Asbestos: Bulk Samples (see attached) Yes ☑ No □ WV License #: AD003813 WV License #:			
Schedule:				
Asbestos Removal: Start Date: Demo/Renovation: Start Date: Project Work Hours: 7AM to 1PM				



Emergency Renovation: Date & Hour of Sudden Unexpected Event:// Attach a description of the sudden, unexpected event and how to an unreasonable financial burden.	: AM PM this results in an unsafe condition, would cause equipment damage or			
Demolition Ordered by Government Agency: Agency: Name: Date of Order:/_/_ (Copy of order must be attached.)	Title: Date Order to Begin://			
Types of ACM:				
Asbestos Containing Material To Be Removed:	Cat. I & II Nonfriable ACM Not To Be Removed:			
Type(s): Pipes: Ln. Ft: % Asbestos: Area: Sq. Ft: % Asbestos: Other: Cu. Ft: % Asbestos:	Type(s): Cat I - Roof Felts Pipes: Ln. Ft: % Asbestos: Area: Felts Sq. Ft: 2100 % Asbestos: 3.38 Other: Cu. Ft: % Asbestos:			
Description of planned demolition or renovation work and method workers, wet methods; manual rer dumpster; dispose of at an approved landfill				
Description of procedures to be used to comply with NESHAP (40CFR61 Subpart M): Wet methods; licensed/trained workers. By presumed negative assessment(past history) no suits or respirators. Will be available if requested				
Description of procedures to be followed in the event that unexported to powder: Stop work notify owner	pected asbestos is found or previously nonfriable ACM becomes			
Waste Transporter:				
Name: N.F. Mansuetto and Sons, Inc Address: 116 Wood Street City: Martins Ferry	D#: AC002418 State: OH Zip Code: 43935 Phone: 740-633-7320			
Address: 11 Boggs Road City: Imperial	D#: 100620 State: PA Zip Code: 15126 Phone: 724-695-0900			
hours. I further certify that the information contained in the noti	y the person will be available for inspection during normal business ification is correct.			
Signature of Owner/Operator:	Date: 1 /19 /17			
Name and Title (Print or Type): Eugene Ochap				

N.F. Mansuetto & Sons, Inc. 116 Wood Street Martins Ferry, OH 43935

Return Service Requested



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U.S. Environmental Protection Agency Region III 1650 Arch Street Philadelphia, PA 19103-2029 Attention: Asbestos Coordinator (3WC32)

KAGKSMP 19103

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